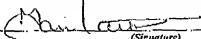
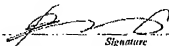


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): IL HWAN CHO, ET AL.			YPL-0057
Serial No. 10/608,709	Filing Date 6-27-2003	Examiner Morris, Patricia L.	Group Art Unit 1625
Invention: 1, 2, 4-TRIAZOLE DERIVATIVE, METHOD FOR PREPARING THE SAME, AND PHARMACEUTICAL COMPOSITION CONTAINING THE SAME			
			RECEIVED CENTRAL FAX CENTER JUN 07 2004
Amendment Transmittal Letter (1 page), Response to Restriction Requirement (30 pages), and Limited Recognition Under 37 C.F.R. Section 10.9(b) (1 page)			
I hereby certify that this _____ (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)			
on June 7, 2004 (Date)			
Tammie Lauthier (Typed or Printed Name of Person Signing Certificate)			
 (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. YPI-0057	
Applicant(s): IL HWAN CHO, ET AL.					
Serial No. 10/608,709	Filing Date 6-27-2003	Examiner Morris, Patricia L.	Group Art Unit 1625		
Invention: 1, 2, 4-TRIAZOLE DERIVATIVE, METHOD FOR PREPARING THE SAME, AND PHARMACEUTICAL COMPOSITION CONTAINING THE SAME					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0 x	\$66.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;">  _____ <i>Signature</i> </div> <div style="width: 55%;"> Dated: June 7, 2004 </div> </div>					
<div style="display: flex;"> <div style="width: 45%;"> Soonja Bae Reg. No. (PLEASE SEE ATTACHED) Confirmation No. 2215 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 PTO Customer No. 23413 Telephone: (860) 286-2929 </div> <div style="width: 50%; border: 1px solid black; padding: 5px; margin-left: 10px;"> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: center;"><i>Signature of Person Mailing Correspondence</i></p> <p style="text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div> </div>					
CC:					

RECEIVED
CENTRAL FAX CENTER**JUN 07 2004****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: IL HWAN CHO, ET AL.)
Serial No.: 10/608,709) Group Art Unit: 1625
Filed: June 27, 2003)
For: 1, 2, 4-TRIAZOLE DERIVATIVE, METHOD FOR) Examiner: Morris, Patricia L.
PREPARING THE SAME, AND)
PHARMACEUTICAL COMPOSITION)
CONTAINING THE SAME)

OFFICIAL**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Response is responsive to the office action dated May 7, 2004.